


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90152 008 \*\*\*138.75

<b>DOCUMENT # L05000102257</b> 1. Entity Name <b>PARK AVENUE MASSAGE &amp; BODYWORK, LLC</b>					
Principal Place of Business <b>333 PARK AVENUE STE 2A BOCA GRANDE, FL 33921</b>			Mailing Address <b>4659 CLUB DR PORT CHARLOTTE, FL 33953</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>13156 Preserve Ct</b> Suite, Apt. #, etc.			
City & State <b>Port Charlotte</b>		City & State <b>Port Charlotte</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33953</b>		Country <b>Charlotte</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VENZIA, JOHN 333 PARK AVE 2A BOCA GRANDE, FL 33921</b>				7. Name and Address of New Registered Agent Name <b>JOHN VENEZIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>13156 Preserve Ct</b> City <b>Port Charlotte</b> <b>FL</b> Zip <b>33953</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VENEZIA, JOHN</b> <b>4659 CLUB DR</b> <b>PORT CHARLOTTE, FL 33953</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VENEZIA</b> <b>JOHN</b> <b>13156 Preserve Ct</b> <b>Port Charlotte, FL 33953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60019043



03272008 Chg-LLC CR2E083 (12/06)

*[Signature]* 3-30-08

*[Signature]*

Date 3-30-08 Daytime Phone 441-2865492